Edustaff

Excellence in Staffing

AUTHORIZATION FOR TREATMENT
Workers Compensation

This form authorizes a health care provider to treat the following Edustaff Employee:

_____

for a work-related injury which occurred on _____

at _____.

Send all billing information to:

AmTrust Financial Services, Inc.
PO Box 89404
Cleveland, OH 44101
Policy# MWC1040642
If the bills need to be faxed, they can be faxed to 678-258-8395.

If any questions, please call 877-974-6338 ext. 140

4120 Brockton Dr. SE
Suite 200
Grand Rapids, MI 49512

Phone: 877.974.6338
Fax: 877.974.6339
E-mail: humanresources@edustaff.org